

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026633

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District

113

FILED AUG 14 1962

Primary Registration District No.

5431

Registrar's No.

114

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0360

2 03602

3

4 1

5 2

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7 1

8 2

9 4200

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11

12 90-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lone dell, Mo.		c. CITY OR TOWN Lone dell, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At. Home		d. STREET ADDRESS (If outside, give location) Lone dell, Mo.	
3. NAME OF DECEASED (Type or print) First MILDRED Middle MAE Last MAHLER		4. DATE OF DEATH Month July Day 25 , Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 18, 1889
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 3 Days 7 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY General work	
11. BIRTHPLACE (City and state or country) Ava. Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Mr. F. Crain		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE William F. Mahler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 		17. INFORMANT Address Herbert Mahler, Fenton, Mo. R#2	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 	
20c. TIME OF INJURY Hour a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from February 1962 to June 1962 and last saw her alive on June 1962 Death occurred at 6:00 AM 7-25-62 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James L. Dickey Jr. D. (Degree or title)		22b. ADDRESS 634 No. Grand St. Louis	
22c. DATE SIGNED 7-26-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 27, 1962		23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		24. FUNERAL DIRECTOR ADDRESS Sherwood W. Kitchell, St. Clair, Mo.	
25. DATE RECD. BY LOCAL REG. Aug 1-62		26. REGISTRAR'S SIGNATURE Charles Smith	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Sherwood W Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.